

## DECLARATION (37 CFR 1.63) AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name; and

I believe that I am the original, first, and sole inventor (if only one name is listed below), or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **NOVEL METHODS AND COMPOSITIONS FOR TREATMENT OF AUTOIMMUNE DISEASES**, the specification for which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status (Patented, Pending, Abandoned)
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following persons registered to practice before the Patent and Trademark Office as my attorneys with full power of substitution and revocation to prosecute this application and all divisions and continuations thereof and to transact all business in the Patent and Trademark Office connected therewith: Roman Saliwanchik, Reg. No. 21,023; David R. Saliwanchik, Reg. No. 31,794; Jeff Lloyd, Reg. No. 35,589; Gerard H. Bencen, Reg. No. 35,746; Ted W. Whitlock, Reg. No. 36,965; Jean Kyle, Reg. No. 36,987; Doran R. Pace, Reg. No. 38,261; Jay M. Sanders, Reg. No. 39,355; and James S. Parker, Reg. No. 40,119.

I request that all correspondence be sent to:

Doran R. Pace  
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I further request that all telephone communications be directed to:

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352-375-8100

Name of First or Sole Inventor Ralph WilliamsResidence Gainesville, Florida Citizenship USAPost Office Address Division of Rheumatology and Clinical ImmunologyDept. of Medicine, Univ. of Florida, P.O. Box 1002211600 SW Archer Road, Room CG-91Gainesville, Florida 32605-4509Signature of First or Sole Inventor Ralph Williams Date 12/17/96

Name of Second Joint Inventor \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

\_\_\_\_\_  
Signature of Second Joint Inventor Date \_\_\_\_\_

Name of Third Joint Inventor \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

\_\_\_\_\_  
Signature of Third Joint Inventor Date \_\_\_\_\_

Name of Fourth Joint Inventor \_\_\_\_\_

Residence \_\_\_\_\_ Citizenship \_\_\_\_\_

Post Office Address \_\_\_\_\_

\_\_\_\_\_  
Signature of Fourth Joint Inventor Date \_\_\_\_\_

Applicant or Patentee: Ralph William Attorney's Docket No. UF-164  
Serial or Patent No.: \_\_\_\_\_  
Filed or Issued: \_\_\_\_\_  
For: Novel Methods and Compositions for Treatment of Autoimmune Diseases

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY  
STATUS (37 CFR 1.9 (f) and 1.27 (c)) — NONPROFIT ORGANIZATION

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION University of Florida  
ADDRESS OF ORGANIZATION 223 Grinter Hall  
Gainesville, FL 32611

TYPE OF ORGANIZATION

- ☒ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION  
☐ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a)(3))  
☐ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA  
(NAME OF STATE \_\_\_\_\_)  
(CITATION OF STATUTE \_\_\_\_\_)  
☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c)(3) IF LOCATED IN  
THE UNITED STATES OF AMERICA  
☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF  
AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA  
(NAME OF STATE \_\_\_\_\_)  
(CITATION OF STATUTE \_\_\_\_\_)

I hereby declare that the above identified nonprofit organization qualifies as a nonprofit organization as defined in 37 CFR 1.9 (d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, with regard to the invention described in the above-identified:

☐ PATENT ☒ APPLICATION

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization identified above with regard to the above-identified invention.

If the rights held by the above identified nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below\* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9 (d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9 (d) or a nonprofit organization under 37 CFR 1.9 (e).

\*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring their status as small entities. (37 CFR 1.27)

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
☒ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change of status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28 (b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Ronald M. Kudla, Ph.D.  
TITLE IN ORGANIZATION Director  
ADDRESS OF PERSON SIGNING 186 Grinter Hall  
Gainesville, FL 32611

SIGNATURE *Ronald M. Kudla* DATE December 11, 1996